

Re: Comments from Dr. Kenneth McDougall regarding Access and Medical Assistance.

Members of the North Dakota Dental Association have met with state officials for many years to discuss Medical Assistance. For many years, the main topic of discussion for dentists was low reimbursement rates. Over a decade ago, the director of the program told a North Dakota dentist that the fees would not significantly change as long as enough dentists were participating and taking care of Medical Assistance patients.

Well, dentists decided that Medicaid had been a frustrating, unfair system for so many years, with no change on the horizon, so they dropped out of the program. Other new dentists heard how bad things were and never signed on as a participating dentist. In addition, the number of dentists in the state started to decline. The eastern part of the state and small towns have felt the effects of this decline the most. These factors combined to cause a situation where people covered by Medical Assistance could no longer get timely dental care.

This problem, along with a change in personnel at the state level, brought about significant change in the reimbursement rate for a limited number of dental procedures. The NDDA worked with the Department of Human Services to decide which procedures should receive the increased funding. The fee increases were explained to the membership of the NDDA. The President of the association wrote letters to all the NDDA members, made speeches at the State Meeting, and wrote articles in our newsletter, asking members to become participating dentists. Many thought this would have an immediate effect on the number of participating dentists. What it did do was stop the decline.

I have discussed this issue with many dentists from North Dakota and across the nation and several common feelings have come out of these discussions.

- 1. States are responsible for the care of these patients. It is a state program, not a dentist program. States do not ask grocery stores to sell their products at a loss. Road construction companies do not build roads at a loss just because it is a state funded program. Why are dentists expected to discount their fees, for many years below their cost, to deliver care?**
- 2. Patients on Medical Assistance do not value the work or the dentist's time. They miss appointments up to ten times more frequently than our other patients, thus exaggerating the loss of production for the practice.**
- 3. Some dentists are fed up. Medicaid is a marriage gone bad. You don't mend all bad feelings. The trust is gone and will never be returned to some practitioners. Another dentist told me that when he stopped treating Medical Assistance patients, the level of stress in his life significantly decreased. At this stage in his life, he is not willing to take that on again. He is sorry if it burdens his fellow professionals but he can't go back to being a provider for Medical Assistance.**

4. One dentist said he appreciates the fact that the reimbursement rate for selected fees was increased but that doesn't guarantee the fees will stay up where they belong. Fees have been adjusted before, only to be allowed to slip back into an unacceptable range. He suggests that fees be tied to the Dental Service Corporation data on fees. If dentists knew that fees would be fairly adjusted, on a regular basis, they would be more apt to trust the system.

Most dentists are small business people. They realize the effect of every business relationship on their bottom line. They are not paid a salary and do not work for an hourly wage. Their responsibility to pay the bills, pay the staff, pay the mortgage or rent, buy supplies, provide employee benefits, pay for their own benefits, and earn their salary. When a system causes them to work and not gain toward their business goals, it is no wonder it causes ill feelings.

Should Medicaid be a full fee, all procedures allowed program? No, because then there would be no cost containment system in place. Our private pay patients have to decide how much of their own money they want to spend on dental work. Private pay with insurance patients still have cost containment due to deductibles, copayments, and yearly limits. People on Medicaid have no cost limitation. I often hear from patients on Medicaid that I should do it all because 'The State' is paying for it. Social Workers will call and ask if I can hurry up and do a lot of work before the end of the month because a client is going off the program.

With full fees and no copayment or limits, Medicaid patients would allow or insist that dentists do the biggest, fanciest, most costly dentistry. If a client has been on Medical Assistance and has not gone for dental care, it makes no sense to hurry up and get work done at the last minute. The client obviously does not value the care and will not maintain their mouth. The work will quickly deteriorate and an ungrateful person will have wasted a lot of care and money. Social workers should encourage clients to seek dental care when they go on the program, not as they go off the program.

I believe a system that ensures essential care for recipients while fairly paying the dentist needs to be set up. Many dentists are willing to do the work for less than full fee. Dentists are generous people. An ADA study shows the average dentist gives away over \$30,000 worth of care per year. But that is their choice. A system that demands too big a share of their time and money has already proven to be a failure.

I believe we can solve the access problem by having a fee schedule that is fair and comprehensive and a system that ensures fairness into the future,

Perhaps we need to think bigger than fixing the old system. At a time like this, we should keep all of our options open. A system that is based more on the private sector would be more appealing to dentists. Why not fund an insurance plan for people on Medicaid? Very small deductibles and copayments would force people to invest in their care. This investment would make the dental work more valuable and important to the patient. Most people have limits on how much they can invest in dental care. By putting yearly limits on spending, it would prevent dentists and patients from pursuing expensive treatment plans without discussing other

options. People would compare dentist's fees and it would put an end to the "Do only the best for me because 'The State' is paying for it." mindset. Special consideration could be given on a case by case basis for more involved treatment.

Hopefully we can bring new dentists into our state and show them a good program so they will want to sign up to be providers. We need to act soon or it will get worse before it gets better.

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